



***Describe components of proposed change, e.g., class, increased limits, deductibles, age and symbols, territories, policy coverage, rules, etc.**

5. Provide the estimated premium effect of this filing by coverage, subline, and all coverages combined.

<u>Coverage</u>	<u>Annual Written Premium</u>	<u>% Change Requested</u>	<u>Annual Premium Change</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
All Coverages Combined	_____	_____	_____

6. Provide the dates and percentage changes for the last four rate level changes for line(s) of business affected by this filing by coverage, subline, and all coverages combined.

Effective Date:	_____	_____	_____	_____
<u>Coverage</u>	<u>Prior Change</u>	<u>2nd Prior Change</u>	<u>3rd Prior Change</u>	<u>4th Prior Change</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
All Coverages Combined	_____	_____	_____	_____

7. Number of Rhode Island Policies (exposure units) written in each of the last five (5) years:

	<u># of Policies*</u>	<u>% Change</u>
5th Prior Year	_____	_____
4th Prior Year	_____	_____
3rd Prior Year	_____	_____
2nd Prior Year	_____	_____
1st Prior Year	_____	_____

*** If the number of policies is not available, use the number of exposure units. Example: Private Passenger Automobile – Car Years, Homeowners – House Years.**

8. Calendar Year Experience:

	<u>Rhode Island</u>			<u>Countrywide</u>		
	<u>Earned</u> <u>Premium</u>	<u>Incurred</u> <u>Losses</u> <u>including</u> <u>change</u> <u>in IBNR</u>	<u>Loss</u> <u>Ratio</u>	<u>Earned</u> <u>Premium</u>	<u>Incurred Losses</u> <u>including</u> <u>change</u> <u>in IBNR</u>	<u>Loss</u> <u>Ratio</u>
5th Prior Year	_____	_____	_____	_____	_____	_____
4th Prior Year	_____	_____	_____	_____	_____	_____
3rd Prior Year	_____	_____	_____	_____	_____	_____
2nd Prior Year	_____	_____	_____	_____	_____	_____
1st Prior Year	_____	_____	_____	_____	_____	_____
____ Months	_____	_____	_____	_____	_____	_____